

Furneux Pelham C of E School  
 Furneux Pelham  
 Nr Buntingford  
 Herts SG9 OLH

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Headteacher: Mrs S Cook



Roots to grow,  
 Wings to soar

## Parental Agreement for School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form.

Date	
Child's Name	
Child's Class	
Medical condition/illness	
Name/type of medicine (as described on the container)	
Expiry date	
Dosage required	
Method to be used to give the medicine	
	Self-administration? Yes/No (please delete)
Timing	
Special precautions	
Are there any side effects that the school needs to be aware of?	

NOTE: Medicines MUST be in the original container, as dispensed by the pharmacy and should display a printed pharmacy label.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering the above medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is to be stopped.

Signature of parent/carer: \_\_\_\_\_ Date: \_\_\_\_\_